

05-07-01



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Date of Deposit <u>May 4, 2001</u>	Label Number: <u>FL714747225US</u>
hereby certify under 37 C.F.R. § 1.10 that this of Express Mail Post Office to Addressee" with PATENT APPLICATION, Assistant Commissioner	correspondence is being deposited with the United States Postal Service as sufficient postage on the date indicated above and is addressed to: BOX er for Patents, Washington, D.C. 20231.
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)				
Attorney Docket Number	00742/060002	00742/060002		
Applicant	R. John Collier and Brett R. Sellman			
Title	COMPOUNDS AND METHODS FOR THE TREATMENT AND PREVENTION OF BACTERIAL INFECTION			
PRIORITY INFORMATION:				
This application claims the bene 60/201,800, filed May 4, 2000.	fit of the filing date of United S	States provisional patent application		
SMALL ENTITY STATUS:				
☑ Applicant claims small entity st	atus under 37 C.F.R. § 1.27.			
APPLICATION ELEMENTS:				
Cover sheet		[1] pages		
Specification		[48] pages		
Claims		[6] pages		
Abstract		[1] pages		
Drawing (Figs. 1-16)		[21] sheets		
Combined Declaration and POA, which is: Unsigned; Newly signed for this application; A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		[2] pages		
Sequence Statement		[**] pages		
Sequence Listing on Paper		[**] pages		
Sequence Listing on Diskette		[**] disk		
Preliminary Amendment		[**] pages		

IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 28 - 20 = 8 x \$9	\$72.00
Excess Independent Claims Fee: 8 - 3 = 5 x \$40	\$200.00
Multiple Dependent Claims Fee: \$270/\$135	\$***
Total Fees:	\$627.00

- ☑ Enclosed is a check for \$644.00 to cover the total fees.
- □ Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.
- □ The filing fee is not being paid at this time.
- ☑ Please apply any other charges, or any credits, to Deposit Account No. 03-2095.

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